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Attorneys: JOHN J. ARNOTT, P.C. GREGORY M. HOWISON, P.C. BRIAN D. WALKER, P.C. DAVID G. WOODRAL

Direct Dial (972) 680-6050 email: ghowison@dalpat.com

TWO LINCOLN CENTRE 5420 LBJ Freeway, Suite 660 Dallas, Texas 75240-2318 Telephone (972) 479-0462 Facsimile (972) 479-0464

Austin Office: Telephone (512) 328-3994

September 9, 2005

CONFIRMATION SENT VIA FIRST CLASS MAIL NO_X__ YES ___

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DATE:

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TO:

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SERIAL NO.:

10/796,583

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DDYN-26,685

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Under the Paperwork Reduction Act of 1995, no bars	Application Number	10/796,583		
TRANSMITTAL	Filing Date	03/09/2004	RECEIVED	
FORM	First Named Inventor	Wood	CENTRAL FAX CENTE	
(to be used for all correspondence after initial filing)	Art Unit	1723	- Celation	
	Examiner Name	Terry K. Cecil	SEP 0 9 2005	
Total Number of Pages In This Submission	Attorney Docket Number	DDYN-26,685		
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Fee Transmittal Form	Drawing(s)	to Technolo	nce communication gy Center (TC)	
Fee Attached	Licensing-releted Papers	of Appeals	nmunication to Board and Interferences nmunication to TC	
Amendment/Reply 312 AMD.	Petition	(Appeal Not	ice, Brief, Repty Srief)	
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Extension of Time Request	Request for Refund	Credit Card Form	, PTOL-85.	
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Information Disclosure Statement	CD, Number of CD(s)			
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Response to Missing Parts/ Incomplete Application				
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under 37 CFR 1.52 or 1.53			-	
SIGNATURI	OF APPLICANT, ATTOR	NEY, OR AGENT		
Firm HOWISON & ANOTY, L Brian D. Walter, Reg. No.	L.P. 21,751			
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FEE TRANSMITTAL For FY 2005			L	Complete if Known						
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			→ [Filing Date	. ₩	March 9, 2004				
				First Named Inver	ntor A	Anthony B. Wood				
0 07 050 407				Examiner Name	T	Terry K. Cecil				
Applicant claims small entity status. See 37 CFR 1.27			-	Art Unit		1723				
TOTAL AMOUNT OF PAYMENT (\$) 1,000.00				Attorney Docket N	10. D	DYN-26	685			
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 20/0780-DDYN-26,685 Deposit Account Name: HOWISON & ARNOTT, L.L.P. For the above Identified deposit account, the Director is hereby authorized to: (check all that apply)										
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FEE CALCULATION										
1. BASIC FILING, SEAF	CH, AND	EXAMINATION FE	ES							
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Application Type	Fee (\$)	Fee (\$)	ee (\$)	Fee (\$)	Foe (Fee		Fees Paid (\$)		
Utility	300	150 5	500	250	200	100)			
Design	200	100 1	100	50	130	6:	S			
Plant	200	100 3	300	150	160	80)			
Reissue	300	150 5	500	250	600	306)			
Provisional	200	100	0	. 0	0)			
2. EXCESS CLAIM FEE	ES					F	Se (\$)	mall Entity Fee (\$)		
<u>Fee Description</u> Each claim over 20 (i	including R	cissucs)				_	50	25		
Each independent cla			()				200	100		
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Total Claims Extra Claims Fee (5) Fee Paid (5)						Multiple Dependent Claims				
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HP w highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
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Non-English Specification, \$130 fee (no small entity discount)										
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SUBMITTED BY	7					, , , , , , , , , , , , , , , , , , , ,				
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Name (Print/Type) gregory M. Howison						Date 9/9/05				

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